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PRADEMAN			ation Number	10/708,482				
TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Filing I	Date	March 5, 2004				
		First N	amed Inventor	Peter J. Kumpon				
		Art Un	it	2652				
		Exami	ner Name	Jefferson A. Evans				
Total Number of Pages in This Submission 221		Attorne	ey Docket Number	1046_036				
ENCLOSURES (check all that apply)								
Fee Transmittal Form Drawing		g(s)		After Allowance Communication to Technology Center (TC)				
Fee Attached Licensin			d Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final Petition				Proprietary Information				
			ey, Revocation espondence Address	Status Letter				
Extension of Time Request			mer	Other Enclosure(s) (please identify below):				
Express Abandonment Request		st for Refund Imber of CD(s)		Return Mailroom Postcard; and Certificate of Express Mailing.				
☐ Information Disclosure Statement		Landscape Table on CD						
Certified Copy of Priority Document(s)  Remark		rks	The Commissioner is authorized to charge any additional fees to Deposit Account No. <u>50-0289</u> .					
Reply to Missing Parts/ Incomplete Application								
Reply to Missing Parts under 37 CFR 1.52 or 1.53								
		APPLICA	ANT, ATTORNEY, OF	RAGENT				
Firm Wall Mariama/& Bi or Individual name Indranii Mykerii								
Signature		7						
Date February 6, 2006	$\nu$							
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is b service per 37 CFR 1.10 under Express Mail 1450, Alexandria, VA 22313-1450 on February 1450, Alexandria, Alexandria	No. EV67806	with the 54858US a	United States Postal Servic addressed to Mail Stop Am	e using the Express Mail Post Office To Addressee tendment, Commissioner for Patents, P.O. Box				

Typed or printed name	Cynthia Losurdo		
Signature	Cyatia downode	Date	February 6, 2006

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0561-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperson Required to 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (A.R. 4818). Complete if Known Application Number 10/708,482 FEE TRANSMITTAL FFR 0 6 2006 Filing Date March 5, 2004 Peter J. Kumpon First Named Inventor For FY 2005 Jefferson A. Evans xaminer Name Applicant claims small entity status. See 37 CFR 1.22 2652 Art Unit TOTAL AMOUNT OF PAYMENT Attorney Docket No. 1046 036 \$60.00 Express Mail Label No. EV678064858US METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): \_\_\_\_ Check Credit Card Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Credit any overpayments Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Fee (\$) Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 250 200 100 Utility 300 150 500 200 100 100 50 130 65 Design 200 100 300 150 160 80 Plant 300 150 500 250 600 300 Reissue 200 100 0 0 0 Provisional 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 180 Multiple dependent claims 360 **Total Claims** Fee Paid (\$) Multiple Dependent **Extra Claims** Fee (\$) Claims - 20 or HP = Fee (\$) Fee Paid (\$) х HP= highest paid number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) - 3 or HP = = HP =highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) (1)(G) and 37 CFR 1.16(s) Number of each additional 50 or fraction thereof | Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets

(round up to a whole number)

Registration No. 46,944

(Attorney/Agent)

Fees Paid

\$60.00

Telephone 315-425-9000

Date February 6, 2006

- 100 =

Non-English Specification, \$130 fee (no small entity discount)

Indranil Mukerji

4. OTHER FEES

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Name (Print/Type)

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/ 50 =

Other (e.g., late filing surcharge). Pertion For Extension Of Time Under 37 CFR 1.136(a) -- fee code 1251/2251